



STATE OF WISCONSIN

Department of Safety and Professional Services
1400 E Washington Ave.
Madison WI 53703

Division of Industry Services
Bureau of Field Services
P.O. Box 7302
Madison, WI 53707-7302
Fax: (262) 266-1818

Submit form to district inspector

<http://dsps.wi.gov/programs/industry-services>

Governor Scott Walker

Secretary Dave Ross

Category 1 Periodic Escalator Test

ASME A17.1- Section 8.11.4.2

Instructions: Please TYPE or PRINT CLEARLY the information requested on this form.

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)]

Building Name			Owners Name	Registration Tag No.
Street Address			Address	Regulated Object ID.
City	County	Zip	City, State, Zip	Manufacturer

Rated Speed: _____ fpm. Capacity: _____ lbs. Normal Direction of travel: ☐ Up ☐ Down

1. ASME A17.1 8.11.4.2.19 Step/Skirt Performance Index: The escalator skirt shall not be cleaned, lubricated, or otherwise modified in preparation for testing. The escalator instantaneous step/ skirt index measurements shall be recorded at intervals no larger than 150 mm (6 in.) from each side of two distinct steps along the inclined portion of the escalator, where the steps are fully extended. Test steps shall be separated by a minimum of 8 steps.

Step 1 Left: _____ Right: _____ Step 2 Left: _____ Right: _____ Skirt Deflectors: Yes ☐ No ☐

2. ASME A17.1 8.11.4.2.20 Clearance Between Step and Skirt (Loaded Gap). Loaded gap measurements shall be taken at intervals not exceeding 300 mm (12 in.) in transition region (6.1.3.6.5) and before the steps are fully extended. These measurements shall be made independently on each side of the escalator.

Top landing Left: _____ Right: _____ Bottom landing Left: _____ Right: _____ (Applies only to units contracted after 3/31/2004)

If any test did not prove satisfactory, please explain.

Comments:

3. ASME A17.1 Requirement 8.11.1.6: A metal test tag with the test date, the requirement number requiring the test, and the name of the person or firm performing the test shall be installed in each machine room.

Test shall be recorded in the Maintenance Record.

The Above Tests Were Performed In Compliance With ASME A17.1 and SPS 318			
Firm Performing Test	Address	City, State, Zip	Date of Test
Name and License Number of Person Performing Test (Print)		Signature of Person Performing Test	

This Report Shall Be Filed With the Department of Safety & Professional Services Within 15 (Fifteen) Days of Completion of All Tests.

This Report Shall Be Filed Not Less Than Once Per Year

Copies of this form should be retained by Conveyance Contractor and Conveyance Owner.

One copy shall be sent to State District Inspector assigned to the county in which the conveyance is located.

State Inspectors list by county may be found using the following link:

<http://dsps.wi.gov/Documents/Industry%20Services/Forms/Elevator/sb-ElevatorsInspectorsMap.pdf>